

FORM - 2 (Revised)

NOMINATION AND DECLARATION FORM

For Unexempted/Exempted Establishment

Declaration and Nomination Form under the Employee's Provident Fund & Employees' Pension Scheme
(Paragraph 33 & 61(1) of the Employees' provident Fund Scheme, 1952
& Paragraph 18 of the Employees' Pensio Scheme, 1995)

1. Name (in Block Letters)	_____
2. Father's / Husband's Name	_____
3. Date of Birth	_____
4. Sex	_____
5. Marital Status	_____
6. Account No.	_____
7. Address Permanent	_____

Temporary	_____

PART - A (EPF)

I hereby nominate the Person(s) / Cancel the Nomination made by me previously and Nominate the Person(s), mentioned below to receive the amount standing to my Credit in the Employees' Provident Fund, in the event of my Death.

Name of the Nominees	ADDRESS	Nominee's relationship with the Member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each Nominee	If the Nominee is a minor, name & relationship & Address of the guardian who may receive the amount during the minority of Nominee
1	2	3	4	5	6

1. *Certified that I have no Family as defined in para 2 (g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above Nomination should be deemed as cancelled
2. *Certified that my Father / Mother is / are dependnt upon me

* Strike out whichever is not applicable

Signature or Thumb Impression of the Subscriber

PART - B (EPS)
(Para 18)

I hereby furnish below Particulars of the Members of my Family who would be eligible to receive Widow / Children Pension in the event of my Death

Sr. No.	Name And Address of the Family Member	Date of Birth	Relationship with Member
1	2	3	4

*Certified that I have no Family, as defined in para 2 (vii) of Employees' Pension Scheme, 1995 and should I acquire a Family hereafter I shall furnish Particulars thereon in the above Form.

I hereby Nominate the following person for receiving the monthly Widow Pension [Admissible under para 16 (2) (a) (I) & (ii)] in the event of my Death without leaving any eligible Family Member for receiving Pension

Name and Address of the Nominee	Address	Date of Birth	Relationship with the Member
(1)	(2)	(3)	(4)

Date : _____

*Strike out whichever is not applicable

Signature or Thumb Impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above Declaration and Nomination has been Signed / Impression before me by Shri / Smt / Kum. _____ employed in my establishment after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Place :

Date :

Signature of the Employer or other Authorised Officers
of the Establishment

Name and Address of the Factory / Establishment or Rubber Stamp thereof :

--